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(6/99)OMB control number. 1171296

# **ATTENTION**

AM 08 200

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

OMB APPROVAL

OMB Number: 3235-

0076

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> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) [] Rule that 504

[] Rule 505

[x] Rule [] Section 506 4(6)

ULOE

apply):

Type of Filing: [x] New Filing [] Amendment

## A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

F and J The Play LLC

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

260 West 44th Street, Suite 501, New York NY 10036

212-869-0070

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

# Brief Description of Business

Sale of membership interests for the purpose of producing and presenting a live stage production of the play entitled "Frankie and Johnny in the Clair de Lune".

Type of Business Organization

[] corporation

[] limited partnership, already

[x] other (please

formed

specify): limited

liability company

[] business trust

[] limited partnership, to be formed

Month Year

Actual or Estimated Date of

[03][02]

[x] Actual [ ] Estimated

Incorporation or Organization:

<u>Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:</u>

CN for Canada; FN for other foreign jurisdiction) [NY]

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

<u>Copies Required:</u> Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of,
     10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[]	Prom [] oter	Beneficial Owner	[]	Executive Officer	[]	Direct [x] or	General and/or Managing Member			
Full Name (Last name first, if individual)											
The Araca Group LLC											
Business or Residence Address (Number and Street, City, State, Zip Code)											
260 West 44th Street, Suite 501, New York, NY 10036											
Check Box(es) that Apply:	[]	Prom [] oter	Beneficial Owner	[x]	Executive Officer	[]	Direct [] or	General and/or Managing Partner			
Full Name (Last n	ame	first, if inc	lividual)								
Rego, Michael											
Business or Resid	lenc	e Address	(Number ar	nd S	treet, City, S	tate	, Zip Code	)			
260 West 44th St	reet	, Suite 50	1, New Yo	ork,	NY 10036						
Check Box(es) that Apply:	[]	Prom [] oter	Beneficial Owner	[x]	Executive Officer	[]	Direct [] or	General and/or Managing Partner			
Full Name (Last n	ame	e first, if inc	dividual)								
Rego, Matthew											
Business or Resid	lenc	e Address	(Number ar	nd S	treet, City, S	tate	, Zip Code	)			
260 West 44th St	reet	t, Suite 50	1, New Yo	ork,	NY 10036						
Check Box(es) that Apply:	[]	Prom [] oter	Beneficial Owner	[]	Executive Officer	[]	Direct [] or	General and/or Managing Partner			
Full Name (Last n	ame	e first, if inc	dividual)								
Business or Resid	lenc	e Address	(Number ar	nd S	treet, City, S	tate	, Zip Code	)			
Check Box(es) that Apply:	[]	Prom [] oter	Beneficial Owner	[]	Executive Officer	[]	Direct [] or	General and/or Managing Partner			
Full Name (Last name first, if individual)											
Business or Resid	lenc	e Address	(Number a	nd S	itreet, City, S	State	, Zip Code	)			
Check Box(es) that Apply:	[]	Prom [] oter	Beneficial Owner	[]	Executive Officer	[]	Direct [] or	General and/or Managing Partner			

Full N	ame (L	.ast na	me firs	st, if ind	lividual)	)							
Busin	ess or	Reside	ence A	ddress	(Numb	er and	Street	t, City,	State,	Zip Co	de)		
Check Box(es) [] Prom [] Beneficial [] Executive [] Directhat Apply: oter Owner Officer or										_	[] General and/or Managing Partner		
Full N	ame (L	ast na	me firs	st, if ind	lividual)	)							
Busin	ess or	Reside	ence A	ddress	(Numb	er and	Street	t, City,	State,	Zip Co	de)		
	(U	se bla	nk she	et, or	сору а	nd use	e addit	tional o	opies	of this	shee	t, as nece	ssary.)
B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									′es x]	No []			
Answ	er also	in App	endix,	Colum	ın 2, if f	iling ur	nder U	LOE.					
	at is th dual?			vestm	ent that	will be	e acce <sub>l</sub>	oted fro	m any	/ \$	no min	<u>iimum</u>	
	es the				owners	hip of	a singl	е			′es ĸ]	No []	
will be remur secur perso with a five (5 deale	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)												
Busin	ess or	Reside	ence A	ddress	(Numb	er and	Stree	t, City,	State,	Zip Co	de)		
Name	of Ass	sociate	d Brok	er or D	ealer								
States	s in Wh	ich Pe	rson L	isted H	las Soli	cited o	r Inten	ds to S	olicit f	Purchas	ers		
(Ched	k "All S	States"	or che	eck indi	vidual	States)				[	] All S	tates	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	IΤΧΊ	[UT]		[VA]	[WA]	[WV]	IWII	[WY]	[PR]	

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)												
Name	Name of Associated Broker or Dealer											
States	in Wh	ich Pe	rson Li	sted H	as Soli	cited o	r Intend	ds to S	olicit P	urchas	ers	
(Chec	k "All S	States"	or che	ck indi	vidual (	States)				[	] All St	ates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[KY]		[ME] [NY]	[DE] [MD] [NC] [VA]	[ND]	[MI] [OH]			[PA]
Busine	ess or	Reside	me firs nce Ac d Broke	idress	(Numb		Street	, City, S	State, 2	Zip Cod	de)	
States	in Wh	ich Pei	rson Li	sted H	as Soli	cited o	r Intend	ds to S	olicit P	urchas	ers	
(Chec	k "All S	States"	or che	ck indi	vidual S	States)				[	] All St	ates
[AL] [IL] [MT] [RI]	[IN]	[AZ] [IA] [NV] [SD]	[KS] [NH]	[KY]	[LA]	[ME] [NY]	[DE] [MD] [NC] [VA]	[MA] [ND]	[MI] [OH]	-		-
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.											
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEE  1. Enter the aggregate offering price of securities included in this offering												

## EDS

and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$

Partnership Interests	\$	\$
Other (Specify membership interests ).	\$1,500,000	\$0
Total	\$1,500,000	\$0
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	<u>Aggregate</u> <u>Dollar Amount</u>
	0	of Purchases
Accredited Investors		<u>\$</u> 0
Non-accredited Investors	0	<u>\$</u> 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in		
this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
D 1 504		\$
Rule 504		
Total		\$

and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$	
Printing and Engraving Costs	[] \$	
Legal Fees	[X] <u>\$15,000</u>	
Accounting Fees	[x]\$4,500	
Engineering Fees	[] \$	
Sales Commissions (specify finders' fees separately)	[]\$	<del></del>
Other Expenses (identify)	[] \$	
<u>Total</u>	[x] \$19,500	<del></del>
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>00</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	[x]\$188,775
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery	[]\$	[]\$
and equipment		
Construction or leasing of plant buildings and facilities.(physical production).	.[.] \$	[x]\$382,250
Acquisition of other businesses (including the value of	[]\$	[]\$
exchange for the assets or securities of another issuer pursuant to a merger)		
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	[]\$
Other (specify): casting and rehearsing expenses, taxes and benefits,		

advertising, marketing and press, theatre	evnenses, general administrative	r 1 ¢	[x]\$909,495
production, etc.	expenses, general autilinistrative,	ΠΨ	12109,490
Column Totals		[]\$	[x] \$1,480,500
Total Payments Listed (column totals add	ed)	[x] \$1,500,00	<u>00</u>
<u>D.</u>	FEDERAL SIGNATURE		
The issuer has duly caused this notice to notice is filed under Rule 505, the followin the U.S. Securities and Exchange Commiby the issuer to any non-accredited invest	g signature constitutes an underta ssion, upon written request of its s	king by the is taff, the inforr	suer to furnish to
Issuer (Print or Type)	Signature	<u>Date</u>	i
F and J The Play LLC	MASUL	4/2/	01
Name of Signer (Print or Type)	Title of Signer (Print or Type)		<del></del>
Michael Rego	Managing Member of The Ara	aca Group, L	LLC,
	Managing Member of Iss	suer	
ATTENTION Intentional misstatements of violations. (See 18 U.S.C. 19	or omissions of fact constitute fo	ederal crimir	n <u>al</u>
	*		
<u> </u>	E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.2 disqualification provisions of such rule?	62 presently subject to any of the		<u>x].</u> 10

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

F and J The Play LLC

Name of Signer (Print or Type)

Michael Rego

<u>Signature</u>

Title (Print or Type)

Managing Member of The Araca Group LLC,

Managing Member of Issuer

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>			<u>5</u> Disqualif	<u>ication</u>
	Intend to sell to non-accredited investors in State (Part B-Item 1)	offered in state	Type of investor ar amount purchased (Part C-Item 2)			under St (if yes, a explanat waiver g (Part E-I	ion of ranted)
State	<u>Yes</u> <u>No</u>		Number of Amount Accredited Investors	t Number of Non-Accredited Investors	Amount	Yes	<u>No</u>
AL							
<u>AK</u>							
<u>AZ</u>							
AR							
<u>CA</u>							
<u>CO</u>							
<u>CT</u>							
DE							
<u>DC</u>							
<u>FL</u>							
<u>GA</u>							
HI							
<u>ID</u>							
<u>IL</u>							
<u>IN</u>							

<u>IA</u>

<u>KS</u>

<u>KY</u>

<u>LA</u>

<u>ME</u>

<u>MD</u>

<u>MA</u>

<u>MI</u>

<u>MN</u>

<u>MS</u>

<u>MO</u>

 $\underline{\mathsf{MT}}$ 

ΝE

<u>NV</u>

<u>NH</u>

<u>NJ</u>

<u>NM</u>

<u>NY</u>

<u>NC</u>

<u>ND</u>

<u>0H</u>

<u>0K</u>

<u>OR</u>

<u>PA</u>

<u>RI</u>

<u>sc</u>

<u>SD</u>

<u>TN</u>

<u>TX</u>

<u>UT</u>

<u>VT</u>

<u>VA</u>

<u>WA</u>

<u>wv</u>

<u>WI</u>

<u>WY</u>

PR